

NCR: Yes / No

WORK ORDER NON-COMPLIANCE / UPDATE

DQA: Date:

QA Closed: Date:

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>				
Part No. _____											
NCR No. _____											
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
Bending Centre Not Concentric to O/S Cracks Crushed/Crimped. Cuffs Heat Treat Inspection Strip in Tube Ripples in Bend Torque Waves in Extrusion Turning Sequence Wave/Twist in Tube				General Bend BOM/Route Broken/Damaged Burrs Contamination Countersink Cut Too Short Drill Holes Drawing Finish Folio Grain Hardware Inspection Incomplete Instructions Incomplete/Unclear Maintenance Mislabeled Misread Offset Out of Calibration Out of Sequence Outside Dimensions							
				Ovalized Over/Under tolerance Part Incorrect Part Lost/Missing Part Moved Positioned Wrong Power Loss/Surge							
				Pressure/Forced Temperature/Cure Weld Wrong Stock Pulled							
				<input type="checkbox"/> Other							

Work Order ID 93250

93250

Page 2

November-15-12 10:23:46 AM

Item ID: D2054

Accept

N900040100

Setup

Start

NS1

Revision ID:

Stop

NS2

Item Name: Bushing

Start Date: 11/15/12 Start Qty: 24.00

24

Cust Item ID:

Required Date: 11/30/12 Req'd Qty: 24.00

24

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

130

Identify as per dwg & Stock Location

0.00

130

Packaging

Memo

0.00

26x

SP

Packaging

13-01-07

140

QC21- Final Inspection - Work Order Release

0.00

140

QC

Memo

0.00

(3/1/10) JJ

Quality Control

MF
13-01-07

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

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QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>				
Part No. _____											
NCR No. _____											
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
Bending				Bend <input type="checkbox"/>	Grain <input type="checkbox"/>			Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>		
Centre Not Concentric to O/S				BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>			Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>		
Cracks				Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>			Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>		
Crushed/Crimped.				Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>			Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>		
Cuffs				Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>			Part Moved <input type="checkbox"/>			
Heat Treat				Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>			Positioned Wrong <input type="checkbox"/>			
Inspection Strip in Tube				Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>			Power Loss/Surge <input type="checkbox"/>			
Ripples in Bend				Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>						
Torque Waves in Extrusion				Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>						
Turning Sequence				Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>						
Wave/Twist in Tube				Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>						

Picklist Print

November-15-12 10:23:45 AM

Page 1

Work Order ID: 93250

Parent Item: D2054

Parent Item Name: Bushing

Start Date: 11/15/12

Required Date: 11/30/12

Start Qty: 24.00

Required Qty: 24.00

Comments: IPP A1 03.01.21 Revise Dwg Rev B; added Black Teflon or Delring: Made on Cobra RF

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: Date:

QA Closed: Date:

Work Order: _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS					
				Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>			
Part No. _____											
NCR No. _____											
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Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions							
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other							

DART AEROSPACE LTD	Work Order:	93250
Description: Bushing	Part Number:	D2054
Inspection Dwg: D2054 Rev: B		Page 1 of 1

FIRST ARTICLE INSPECTION CHECKLIST

X First Article Prototype

DAS

DA

Measured by:	04 9-89
Date:	13 - 1 - 4

Audited by:	✓ 3.3 2.89
Date:	15.01.04

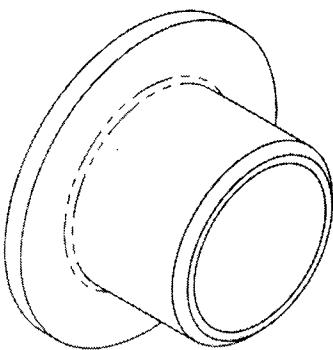
Prototype Approval:	N/A
Date:	N/A

Rev	Date	Change	Revised by	Approved
A	04.06.10	New Issue	KJ/JLM <i>[Signature]</i>	<i>[Signature]</i>

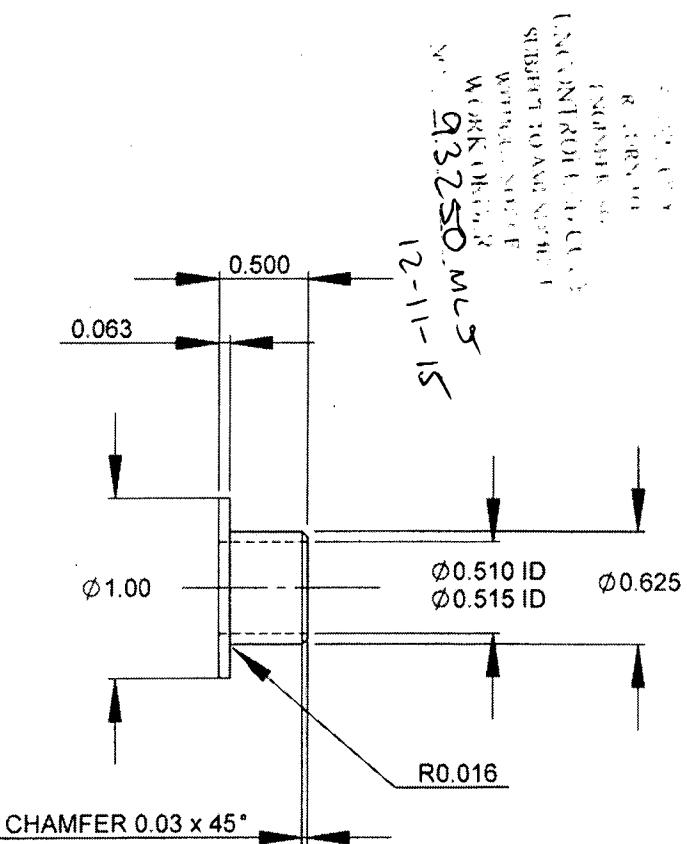
ISSUED
0 COPIES

DESIGN JB	DRAWN BY <i>LP</i>	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
CHECKED <i>[initials]</i>	APPROVED <i>[initials]</i>	DRAWING NO. D2054	REV. B SHEET 1 OF 1
DATE 01.12.20		TITLE BUSHING	SCALE 1:1
--	92.05.13	NEW ISSUE	
A	01.06.05	CHANGE TOL. ON ID.	
B	01.12.20	REDRAW; ADD DELRIN OPTION; ADD NOTES	

RELEASED
01.12.21



ISOMETRIC DETAIL (SCALE 2:1)



D2054 BUSHING

MATERIAL: BLACK TEFLON
or BLACK UHMW
or BLACK DELRIN

TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED
ALL DIMENSIONS ARE IN INCHES

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